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WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD. FILL OUT ALL BLANKS. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain terms, that it may be properly classified. If any item can not be obtained insert the word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH		Arizona Territorial Board of Health	
BUREAU OF VITAL STATISTICS		ORIGINAL CERTIFICATE OF DEATH	
COUNTY	<u>Cochise</u>	TERRITORIAL INDEX NO.	<u>30975</u>
DISTRICT	<u>Douglas</u>	COUNTY REGISTERED NO.	<u>173</u>
TOWN	<u>Douglas</u>	LOCAL REGISTRAR'S NO.	<u>48</u>
OR CITY	<u>Douglas</u>	NO.	<u>Fifteenth St Sunny side</u>
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)			
FULL NAME <u>Sarah Ellen Naegle</u>			
PERSONAL AND STATISTICAL PARTICULARS.		MEDICAL CERTIFICATE OF DEATH	
SEX	<u>Female</u>	DATE OF DEATH	<u>March 14 1913</u>
COLOR or RACE	<u>White</u>	(Month) (Day) (Year)	
INDIAN	<u>Chinese</u>		
SINGLE	<u>MARRIED</u>		
WIDOWED	<u>OR DIVORCED</u>		
DATE OF BIRTH	<u>March 17 1870</u>	I hereby certify, that I attended deceased from <u>March 13</u>	
(Month) (Day) (Year)		1913 to <u>March 13</u> 1913; that I last saw her alive	
AGE	<u>42</u> yrs. <u>11</u> mos. <u>28</u> days	on <u>March 13</u> 1913 and that death occurred on the date	
(If less than 1 day, hrs., or min.)		stated above at <u>2 9</u> M. The DISEASE or INJURY causing Death	
OCCUPATION	<u>Housewife</u>	was as follows: <u>Angina Pectoris</u>	
(a) Trade, profession or particular kind of work		(Duration) yrs. mos. days	
(b) General nature of industry, business, or establishment in which employed (or employer)		Was disease contracted in Arizona? <u>Yes</u>	
BIRTHPLACE (State or country)	<u>Ireland</u>	If not, where?	
NAME OF FATHER	<u>John R. Beecroft</u>	CONTRIBUTORY <u>Nervous Strain on work</u>	
BIRTHPLACE OF FATHER (State or country)	<u>England</u>	(Duration) yrs. mos. days	
MAIDEN NAME OF MOTHER	<u>Ellen Chestnut</u>	(Signed) <u>J. Munson</u> M. D.	
BIRTHPLACE OF MOTHER (State or country)	<u>Scotland</u>	191 (Address) <u>Douglas</u>	
*In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.			
LENGTH OF RESIDENCE			
At place of death yrs. mos. ds. In Arizona yrs. mos. ds.			
Former or Usual Residence			
Filed <u>April 1, 1913</u> <u>J. W. Randall</u> Local Registrar			
Filed <u>6/3 1913</u> <u>L. L. Miner</u> County Registrar			
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			
(Informant) <u>J. Beecroft</u>			
(Address) <u>Fifteenth St. Sunny side</u>			
PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL OR REMOVAL		
<u>Balmory Cemetery</u>	<u>3/16 1913</u>		
UNDERTAKER	ADDRESS		
<u>H. C. Strong</u>	<u>2018 Ave</u>		